

**Initial Application Data Sheet****Application Information**

|                                 |   |
|---------------------------------|---|
| Application number::            | Unassigned  |
| Filing Date::                   | Herewith  |
| Application Type::              | Regular   |
| Subject Matter::                | Utility   |
| Suggested classification::      |   |
| Suggested Group Art Unit::      |   |
| CD-ROM or CD-R??::              | No  |
| Number of CD disks::            |   |
| Number of copies of CDs::       |   |
| Sequence Submission::           | No  |
| Computer Readable Form (CRF)?:: |   |
| Number of copies of CRF::       |   |
| Title::                         | METHODS AND IMMUNE MODULATORY<br>NUCLEIC ACID COMPOSITIONS FOR<br>PREVENTING AND TREATING DISEASE |
| Attorney Docket Number::        | 022259-001010US   |
| Request for Early Publication:: | No  |
| Request for Non-Publication::   | No  |
| Suggested Drawing Figure::      | 4   |
| Total Drawing Sheets::          | 23  |
| Small Entity?::                 | Yes   |
| Latin name::                    |   |
| Variety denomination name::     |   |
| Petition included?::            | No  |
| Petition Type::                 |   |
| Licensed US Govt. Agency::      | No  |
| Contract or Grant Numbers One:: |   |

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Hideki  
Middle Name::  
Family Name:: Garren  
Name Suffix::  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 417 E. Meadow Drive  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Peggy  
Middle Name:: P.  
Family Name:: Ho  
Name Suffix::  
City of Residence:: Cupertino  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 11119 Flowering Pear Drive  
City of Mailing Address:: Cupertino

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Lawrence  
Middle Name::  
Family Name:: Steinman  
Name Suffix::  
City of Residence:: Stanford  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1020 Vernier Place  
City of Mailing Address:: Stanford  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94305

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

|                   |                   |                      |                      |
|-------------------|-------------------|----------------------|----------------------|
| Application::     | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application  | National Stage of | PCT/US2003/037157    | 11/21/2003           |
| PCT/US2003/037157 | An application    | 60/428,643           | 11/21/2002           |
|                   | claiming the      |                      |                      |
|                   | benefit under 35  |                      |                      |
|                   | USC 119(e) of     |                      |                      |

### **Assignee Information**

|   |                                    |
|---|------------------------------------|
| Assignee Name::                         | Bayhill Therapeutics, Inc.         |
| Street of mailing address::             | 3430 West Bayshore Road, Suite 201 |
| City of mailing address::               | Palo Alto                          |
| State or Province of mailing address::  | CA                                 |
| Country of mailing address::            | US                                 |
| Postal or Zip Code of mailing address:: | 94303                              |

|   |   |
|---|---|
| Assignee Name::                         | The Board of Trustees of the Leland Stanford University |
| Street of mailing address::             | 1705 El Camino Real                                     |
| City of mailing address::               | Palo Alto   |
| State or Province of mailing address::  | CA  |
| Country of mailing address::            | US  |
| Postal or Zip Code of mailing address:: | 94306-1106  |